

# EARLY CHILDHOOD SPECIAL EDUCATION PART B 619 SAMPLE CHILD OUTCOMES SUMMARY FORM

☐ Entry COS   ☐ End of Year COS   ☐ Exit COS   ☐ Transfer COS

## I. Child Information:

<b>Name:</b> _____				<b>DOB:</b> _____		
<b>Entity ID:</b> _____						
<b>District:</b>			<b>Program:</b>			
<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Preschool Severe Delay	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Visual Impairment Including Blindness

## II. Intervention Period & Rating Summary Date \_\_\_\_\_:

Child exiting program?   YES ☐   NO ☐

### \*Progress Made?

<b>Positive Social-Emotional Skills Score:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Knowledge and Skills Score:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Actions to Meet Needs Score:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N

## III. Source of Information:

- ☐ Brigance  
☐ DAY-C  
☐ Teaching Strategies GOLD/TSG  
☐ Hawaii Early Learning Profile  
☐ Battelle Developmental Inventory  
☐ Other Tool/Process: \_\_\_\_\_

## IV. Additional Sources of Information:

☐ Anecdotal Records   
 ☐ Observations   
 ☐ Classroom Data   
 ☐ Interviews   
 ☐ Other

## V. Persons involved in completing the form:

Name	Role

**Family information on child's functioning (check all that apply):**

- ☐ Received in IEP Team Meeting   ☐ Collected Separately  
☐ Incorporated into Assessment(s)   ☐ Not Included

## **1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments, referenced in age-anchoring tools, and/or based on observations from individuals in close contact with the child):

- Relating to adults
- Relating to other children
- Following rules related to groups or interacting with others (if older than 18 months)

**1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Choose one number)

Overall Not Age-Appropriate					Overall Age-Appropriate	
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

### **Supporting evidence for this outcome rating:**

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet age-appropriate:
Functioning that is not yet age appropriate or immediate foundational:

**1b. (If Question 1a has been answered previously): Has the child shown ANY new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary?** (Choose Yes or No)

<input type="checkbox"/> Yes	1 → Describe progress:
<input type="checkbox"/> No	2

## 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments, referenced in age-anchoring tools, and/or based on observations from individuals in close contact with the child):

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical and social worlds

**2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Choose one number)

Overall Not Age-Appropriate					Overall Age-Appropriate	
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

### Supporting evidence for this outcome rating:

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet age-appropriate:
Functioning that is not yet age appropriate or immediate foundational:

**2b. (If Question 2a has been answered previously): Has the child shown *ANY* new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary?** (Choose Yes or No)

<input type="checkbox"/> Yes	1 → Describe progress:
<input type="checkbox"/> No	2

### 3. TAKING APPROPRIATE ACTION TO MEET NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments, referenced in age-anchoring tools, and/or based on observations from individuals in close contact with the child):

- Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc)
- Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)
- Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

**3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Choose one number)

Overall Not Age-Appropriate					Overall Age-Appropriate	
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**Supporting evidence for this outcome rating:**

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet age-appropriate:
Functioning that is not yet age appropriate or immediate foundational:

**3b.** (If Question 3a has been answered previously): **Has the child shown ANY new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary?** (Choose Yes or No)

<input type="checkbox"/> Yes	1→ Describe progress:
<input type="checkbox"/> No	2